DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

Registration District No. 2-51

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15361

Primary Registration District No. 5853

Registrar's No. 54 60

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville Pol 11 Twn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: County Farm 5 Rural
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 2 yrs
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 74

(a) State Missouri (b) County Nodaway 5

(c) City or town Hopkins 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charley Weatherly

3. (b) If veteran, name war — 0

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 2 W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb (Month) 22 (Day) 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	1	10	hr. min.

9. Birthplace Spencer (City, town, or county) Iowa (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER / FATHER

12. Name Jessie Weatherly

13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Sister Fay

(b) Address Union Star R.F.D. #9

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-44 (Month) (Day) (Year)

(c) Place: burial or cremation Hopkins Mo

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address Maryville Mo

19. (a) 4-8-44 (Date received local registrar) (b) Ruby Barbee (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 2

year 1944 hour 7 minute 03 A.M.

21. I hereby certify that I attended the deceased from [illegible] 1944, to April 2 1944

that I last saw her alive on April 1 1944

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis — Duration 30 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 460

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other)

Address Maryville Mo Date signed 4/5/44

1347

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Morgan Luke Campbell, Registered Apprentice No. 360

working under my personal supervision.

Signed William Campbell

Licensed Embalmer No. 2620

P. O. Address Marysville K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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-43
X36930

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May 60

Registration District No. 251 Primary Registration District No. 1853 - Registrar's No.

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Polk Twp. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Charley Weatherly

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive Years

7. Birth date of deceased Feb. 22 1858
(Month) (Day) (Year)

8. AGE: Years 88 | Months | Days | If less than one day: hr. min.

9. Birthplace Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Inmate of

11. Industry or business County Farm

SUPPLEMENTARY

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) Amy Barker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day year 1946 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

15361